

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 2004 APR 26 AM 9:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # B99000000202</b> 1. Entity Name <b>FJ ASSOCIATES (MI) LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>31800 NORTHWESTERN HIGHWAY, SUITE 207                  FARMINGTON HILLS, MI 48334</b>			Mailing Address <b>31800 NORTHWESTERN HIGHWAY, SUITE 207                  FARMINGTON HILLS, MI 48334</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03242004    Chg-LP    CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>38-2729286</b>	
Zip    Country		Zip    Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARGENTI, ROBERT                  C/O FLORIDA TRUST REALTY, INC.                  2500 WESTON ROAD, SUITE 302                  WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name: <b>Robert Argenti</b> Street Address (P.O. Box Number is Not Acceptable): <b>C/O Florida Trust Realty, Inc.</b> <b>210 N. University #200</b> City: <b>Coral Springs</b> <b>FL</b> Zip Code: <b>33071</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:				DATE: <b>3/31/04</b>	
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	JADE, AARON J		CITY-ST-ZIP		
STREET ADDRESS	31800 NORTHWESTERN HIGHWAY, SUITE 207				
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334				
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:			DATE: <b>3/25/04</b> Daytime Phone #: <b>248-855-5700</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE